PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

OR01-00401

		CLAIMS A	S FILED -	PART	!			SMALL E	NTITY		OTHER	THAN
			(Column	1)	100	umn 2)		TYPE [OR		
TOTAL CLAIMS			27		Land State of the			RATE	FEE	7	RATE	FEE
FC	DR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 27 minus 20= *					*	7		X\$ 9=		OR	X\$18=	126
INDEPENDENT CLAIMS 7 minus 3 =					* (4		X40=		1	V00	320
ΜL	ILTIPLE DEPEN	IDENT CLAIM P	RESENT							OR		220
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							į	+135=		OR	+270=	
								TOTAL		OR	TOTAL	1156
	C	(Column 1)	MENDED	- PAR (Colun		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	CLAIMS CLAIMS			HIGH	EST			ADDI-] [AD[@_	
		AFTER AMENDMENT		PREVIC	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TION
	Total	*	Minus	PAID I	FOR	= .		V¢ 0	FEE		V#10	_FEF
	Independent	*	Minus	***		-	-	X\$ 9=		OR	X\$18=	· <u>F</u>
AR	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM			X40=		OR	X80=	2	
								+135=		OR	+270=	5
			•				<u>L</u>	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)		יטטוו. רבב ני		<u>.</u>	ADDII. PEEE	
<u></u>	g - C	CLAIMS REMAINING	, , ,	HIGH!	EST	PRESENT		.	ADDI-			ADDI-
AWENDWENT		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**	<u> </u>	=		X\$ 9=	1 6-6-	OR	X\$18=	_ rcc
	Independent	*	Minus	***		=		X40=			X80=	
<	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM			740=		OR	X60=	
								+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	parts and another parts of the same	(Column 1)		(Colum		(Column 3)						
ပ		CLAIMS REMAINING		HIGHE NUME		PRESENT			ADDI-		-	ADDI-
	•	AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
MENDMEN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1 44
	Independent	*	Minus	***		=	-					
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDEN			ENDENT	CLAIM		-	X40=		OR	X80=	
								+135=		OR	+270=	
**	f the "Highest Nur	nn 1 is less than th mber Previously Pa	id For" IN THIS	SPACE is	less than	n 20. enter "20."	<u>∟</u> ∆ 1	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
***!	f the "Highest Nur	mber Previously Pa ber Previously Pai	aid For" IN THIS	S SPACE is	less that	n 3, enter "3."		_	ropriate box	,		